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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
OCEAN MAJORITY P	AC		
ADDRESS (number and street)	202 SAN JOSE AVENUE		
▼ Check if different			
than previously reported. (ACC)	CAPITOLA		CA 95010 - L 1
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00557355		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M2) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	/E) Election	on on 11 08	in the State of CA
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 10	0 01 2016	through 10	M / D D / Y Y Y Y Y Y 19 19 2016
I certify that I have examined th	is Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Wilmot, David, , ,		
Signature of Treasurer	not, David, , ,	[Electronically Filed]	Date 10 / 26 / 2016
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person signir	g this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X
Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name OCEAN MAJORITY PAC 10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 83.00 January 1, 2016 (b) Cash on Hand at 19145.00 Beginning of Reporting Period..... 11603.00 43363.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 43446.00 30748.00 6(a) and 6(c) for Column B)..... 30178.00 42876.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 570.00 570.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OCEAN MAJORITY PAC

Report Covering the Period: From:	01 2016	To: 10 19 2016
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	11500.00	13250.00
(7		
(ii) Unitemized	103.00	103.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	11603.00	13353.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	30000.00
(such as PACs)	79. 79. 79.	33000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	11603.00	43353.00
2. Transfers From Affiliated/Other	4 4	42 42 42
Party Committees	0.00	0.00
,		45 45 45
B. All Loans Received	0.00	0.00
		
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7 7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	10.00
6. Refunds of Contributions Made	7 7 7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11603.00	43363.00
_		
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	11603.00	43363.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Federal Share	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	2394.00	7092.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	2394.00	7092.00		
Transfers to Affiliated/Other Party	1	1 1 1 1 1 1 1 1 1		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	14500.00	10500.00		
(use Schedule E)	11500.00	19500.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4 4			
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	16284.00	16284.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity)))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	7 7 7			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30178.00	42876.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	30178.00	42076.00		
· .	30170.00	42876.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11603.00	43353.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11603.00	43353.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2394.00	7092.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	2394.00	7082.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF		10		
(check only one)											
		X	11a		11b		11c	12	!		
			13		14		15	16	;		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used ne name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OCEAN MAJORITY PAC						
Full Name of Individual (Last, First, Middle Individual (Last,	Date of Receipt					
City	State Zip Code	10 02 2016				
Sunnyvale	CA 94087	Transaction ID : SA11AI.4177 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle I Ocean Champions Mailing Address 202 San Jose Avenue	nitial) or Full Organization Name	Date of Receipt				
City	Ctoto Zin Codo	10 18 2016				
City Capitola	State Zip Code 95010	Transaction ID : SA11AI.4180 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C ID number of contributing					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 855 El Camino Real Suite 1	3A N399	10 17 2016				
City Dale Alte	State Zip Code CA 94301	Transaction ID : SA11AI.4181				
Palo Alto	CA 94301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	3000.00				
Name of Employer (for Individual) Anthropocene Institute	Occupation (for Individual) Vice President of Operations	Memo Item				
Receipt For:	<u>'</u>					
Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00				
SUBTOTAL of Receipts This Page (optional)		9000.00				
TOTAL This Period (last page this line number	er only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF		10		
(check only one)											
		X	11a		11b		11c	12	2		
			13		14		15	16	6		17

		person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) OCEAN MAJORITY PAC					
Full Name of Individual (Last, First, Middle Page, Carl, , , Mailing Address 5214F Diamond Heights # City	Date of Receipt 10 11 2016 Transaction ID: SA11AI.4173				
San Francisco	State Zip Code CA 94131	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Occupation (for Individual)	2500.00			
Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Memo Item				
Full Name of Individual (Last, First, Middle 3. Mailing Address City	Initial) or Full Organization Name State Zip Code	Date of Receipt			
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt			
Mailing Address		M M / D D / Y Y Y Y Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer (for Individual)	me of Employer (for Individual) Occupation (for Individual)				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)		2500.00			
TOTAL This Period (last page this line numb	per only)	11500.00			

S 17

Detailed Summary Rige X 21b 22b 23b 25b 27b 30c 3	SCHEDULE B (FEC Form 3X)	NE NUMBER: PAGE 8 OF 10							
Detailed Summary Page 28a 28b 28c 29 30c 3	ITEMIZED DISBURSEMENTS			(orlook offiny offic)			27		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fully) OCEAN MAJORITY PAC Full Name (Last, First, Middle Initial) A. Ocean Champions Mailing Address 202 San Jose Avenue City Captiols Purpose of Disbursement State, Office Rent and Overhead Expenses Candidate Name Category/ Type District Full Name (Last, First, Middle Initial) Mailing Address City State Primary General Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement State: District Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type FEC Identification Number C Category/ Type FEC Identification Number C Category/ Type Thinary General FEC Identification Number C Category/ Type Type Type Date of Disbursement this Period Thinary Date of Disbursement Thinary Thinary Date of Disbursement Thinary Date of Disbursement Thinary Thi		Detailed	d Summary Page						
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) OCEAN MAJORITY PAC Full Name (Last, First, Middle Initial) A. Ocean Champions Malling Address 202 San Jose Avenue City Captola CA 95010 Purpose of Disbursement State, Office Rent and Overhead Expenses Candidate Name Category Office Sought: House President Primary General Full Name (Last, First, Middle Initial) B. Candidate Name Category/ Office Sought: House President Other (specify) State: Disbursement Candidate Name Candidate Name Candidate Name Category/ Office Sought: House President Other (specify) State: Disbursement Candidate Name Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Category/ Office Sought: House Disbursement For: Senate Primary General Category/ Office Sought: House Disbursement For: Senate Primary General Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	Any information copied from such Reports and State	ements may	not be sold or use	ed by any per	son for the p	urpose o	f solicitina	contribution	
OCEAN MAJORITY PAC Full Name (Last, First, Middle Initial) A. Ocean Champions Mailing Address 202 San Jose Avenue City State Spoto Sp									
A. Ocean Champions Mailing Address 202 San Jose Avenue City Captola Category Disbursement Staft, Office Rent and Overhead Expenses Candidate Name Office Sought:	· · ·								
Mailing Address 202 San Jose Avenue City	Full Name (Last, First, Middle Initial)								
City	·				M = M	/ D	D / Y		1
Capidola	Mailing Address 202 San Jose Avenue				10	Ü)	2016	
Staff, Office Rent and Overhead Expenses Candidate Name Office Sought:	Capitola					ıtification	Number		
Cardidate Name Office Sought: House Senate Primary General Primary General Prosident State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code President State: Disbursement For: Gategory/ Type Office Sought: House Senate Primary General Primary General President State: Disbursement For: Gategory/ Type Office Sought: House President Other (specify) General Other (specify) Memo Item FEC Identification Number Coategory/ Type Other General Other (specify) Memo Item Memo Item				· · · ·					
State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Disbursement For: Senate Primary General Other (specify) Date of Disbursement Category/ Type Office Sought: House Senate Prisident State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Date of Disbursement Category/ Type Amount of Each Disbursement this Period Date of Disbursement this Period Tother (specify) Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period Tother (specify) Date of Disbursement this Period Tother (specify) Date of Disbursement Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Tother (specify) Memo Item	Candidate Name						_	_	iod
State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Amount of Each Disbursement this Period Date of Disbursement FEC Identification Number Category/ Type Other (specify) Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Memo Item	Senate	Primary] <u> </u>	7	7	2361.00	
B. Date of Disbursement		Other (sp	ecify) \blacktriangledown		Mem	o Item			
City Purpose of Disbursement Candidate Name Category/ Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) City Purpose of Disbursement For: Senate Primary General Category/ Type Date of Disbursement Category/ Type FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Memo Item Memo Item Memo Item					Date of [Disburser	ment		
Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Cherikitation Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Memo Item FEC Identification Number Category/ Type Memo Item	Mailing Address		State Zip Code						
Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item	City	State							
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) Category/ Type Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item	Purpose of Disbursement			C					
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) Memo Item Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House Primary General Other (specify) State: District: Memo Item					Amount of Each Disbursement this Period				iod
State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Nemo Item Nemo Item Nemo Item Nemo Item Nemo Item	Senate	Primary				-	-	- 45	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President President State: District: Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item					Mem	o Item			
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item	Full Name (Last, First, Middle Initial) C.								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: House Senate Primary General Other (specify) ▼ Memo Item	Mailing Address				M M / D D / Y Y Y Y				
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Category/ Type Amount of Each Disbursement this Period Memo Item	City	State	Zip Code		FEC Ider	ntification	Number		
Office Sought: House Senate Primary General President State: District: Afficial times Period Memo Item	Purpose of Disbursement		· · · ·	С					
Senate Primary General Other (specify) ▼ State: District: Memo Item	Candidate Name			Amount o	of Each I	Disbursem	ent this Peri	iod	
State: District: Memo Item	Senate Primary General] <u> </u>	7	-		
		Other (sp	ecify) ▼		Mem	o Item			
SUBTOTAL of Disbursements This Page (optional)	<u> </u>							2361.00	$\overline{\Box}$
TOTAL This Period (last page this line number only).					-	7	-	2361.00	ㅋ

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF					
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	I '	only one)				
		ummary Page		1b 22 23 26 27 8a 28b 28c x 29 30b				
Any information copied from such Reports and Statem	ents may no	nt he sold or us						
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
OCEAN MAJORITY PAC								
Full Name (Last, First, Middle Initial)								
A. Ocean Champions				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address 202 San Jose Avenue				10 05 2016				
City	State	Zip Code						
Capitola	CA	95010		FEC Identification Number				
Purpose of Disbursement Contribution	-							
Candidate Name				Transaction ID : SB29.4171				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:		.,,,,	16284.00				
	Primary	General						
State: District:	Other (speci	fy) ▼		Memo Item				
Full Name (Last, First, Middle Initial)				_				
B.				Date of Disbursement				
				M M / D D / Y Y Y				
Mailing Address								
City	State	Zip Code						
		•		FEC Identification Number				
Purpose of Disbursement	Purpose of Disbursement							
Candidate Name			Ontonous	Amount of Each Dishuranment this Period				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem								
	Primary Other (speci	General						
State: District:	Other (speci	iy <i>)</i>		Memo Item				
Full Name (Last, First, Middle Initial)								
C.				Date of Disbursement				
Mailing Address				M M M / D D / Y Y Y Y Y				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement								
W								
Candidate Name Category/				Amount of Each Disbursement this Period				
Office Cought	ant Fai		Type					
Office Sought: House Disburser Senate	nent For: Primary	General						
	Other (speci			Mama Itam				
State: District:				Memo Item				
				1000100				
SUBTOTAL of Disbursements This Page (optional)				16284.00				
TOTAL This Period (last page this line number only).				16284.00				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 10			
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼			
OCEAN MAJORITY PAC				C C00557355			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination			
Doyle Strategies Inc.	Doyle Strategies Inc.						
Mailing Address 3038 O'Brien Drive	Mailing Address 3038 O'Brien Drive						
City	State	Zip Code		11500.00			
Tallahassee	FM	32309		nsaction ID : SE.4166 e of Disbursement or Obligation			
Purpose of Expenditure Media	<u> </u>	Category/ Type		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 17			
HONDA, MIKE, , ,		Oppose		ident Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11500.00	Disbursem 2016	ent For: Primary ✓ General Other (specify) ✓			
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination			
				M M / D D / Y Y Y Y			
Mailing Address							
			Amo	ount			
City	State	Zip Code					
			Date	e of Disbursement or Obligation			
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y			
Name of Federal Candidate:		Support	Office Sou	ght: House District:			
		Oppose	Pres	ident Senate State:			
Calendar Year-To-Date			Disbursem	ent For: Primary General			
Per Election for Office Sought	7			Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	i			11500.00			
(a) SUBTOTAL of Unitemized Independent Expenditu	res		· [
(a) TOTAL Independent Expenditures			•	11500.00			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
Wilmot, David, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y			
Signature		Date	9 10	26 2016			